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November 25, 2013

Health and Medicine Policy Research Group
29 East Madison Street, Suite 602
Chicago, Illinois 60602
Via email: info@hmprg.org

Re: Concept Paper for an 1115 Waiver for Illinois Medicaid

Dear Health and Medicine Policy Research Group:

We write today to submit comments regarding the Concept Paper for an 1115 Waiver for Illinois Medicaid and the development of the 1115 waiver. Illinois Partners for Human Service is a statewide network of organizations that advocate for high quality, responsible, and sustainable approaches to providing human service in Illinois. We have over 800 members across the state. Our network of community-based providers informs our advocacy and provides us with a unique cross-sector perspective on human service and a deep understanding of the varying needs of the providers in diverse communities throughout the state.

We commend the team developing the concept paper and the waiver for crafting a plan that recognizes the variety of health care needs of people who benefit from Medicaid coverage in Illinois and also recognizes that a robust network of community services, often outside those traditionally associated with health care, are vital to creating a healthier state. We are also pleased that the concept paper

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recognizes and seeks to build up the wellness and prevention programs that are likewise a key component leading to better health and encourage the team to think about creative ways to use the incentives available to improve the overall health of our communities. As Health Management Associates and the state refine the concept paper and construct the waiver application, we hope that the following will be considered:

Home and Community Based Infrastructure, Coordination and Choice

We are pleased to see that the concept paper recognizes the role that housing and other social and environmental determinants of health play in creating health disparities and influencing the health trajectory of patients. The concept paper, however, appears to focus primarily on ensuring adequate resources/services for the implementation of the state's three Olmstead consent decrees. While we agree that it is critical for the waiver to address the services necessary to successfully reintegrate formerly institutionalized individuals into the community, we urge you to paint a broader picture of the services that contribute to overall health and avoid institutionalization in the concept paper.

Accordingly, we urge the state to propose that Costs Not Otherwise Matchable (CNOM) under the waiver include a broad variety of services, such as preventative services, food and nutrition services, all levels of case management, and violence recovery services. In order to address roots of Illinois's need to rebalance our system of care, we must invest in the services that keep people from falling into homelessness or that allow them to connect with health care. Without such investments, we will be unable to avoid the circumstances that have pushed individuals into institutions to begin with. Indeed, for the waiver to be successful in keeping costs down and improving health, community-based supports for low-income Medicaid beneficiaries need to be kept healthy to avoid unanticipated costs, such as



homelessness. The proposed waiver should reflect the full range of services throughout an individual's life that will allow her to successfully remain in the community throughout her entire life, as well the services needed to return individuals to the community.

Delivery System Transformation

The human service sector will be a key component successfully transforming the health care delivery system. Community-based providers are already connected with the most vulnerable people in Illinois and have developed the skills, outreach, and tools that allow us to work with people who may not otherwise connect with health care or the government. We know how to engage those who are the hardest to serve. As the health care delivery system transforms, it is crucial that community-based provider be given the tools they need to adapt.

We appreciate that the concept paper recognizes the need to provide resources that will help build capacity with both traditional health care providers and providers that may newly be integrating into the Medicaid system as the delivery system changes. Providers throughout the state are at differing levels of capacity and readiness for the changes in the delivery system. Indeed, providers will need technical assistance, training, and resources at deep levels to be able to connect with a network, negotiate with managed care companies to provide necessary services, improve their technology, collect data, or track outcomes and costs savings. In order to truly transform the health care services, this capacity building must include resources and training that prepare providers for Medicaid billing. These resources are especially crucial in light of the failure of rates/reimbursement to keep pace with inflation, depleting services throughout the state to the point that providers are often unable to grow or innovate. Illinois Partners is happy to work with you to connect with different providers for additional information about



their technical assistance and capacity-building needs as you craft the 1115 waiver, so that the changing face of Illinois health care can benefit from deep roots many providers have in their communities.

General Comments

Finally, we remind the team developing the waiver that not all low-income individuals in the state will participate in the Medicaid program, and that there will be unmet needs throughout the state even after the transformation of health care system. For example, an individual may, due to hallucinations related to his mental illness, not trust enrolling in a program like Medicaid. For the benefit of the community and this individual, it will be important that the community services he is currently accessing remain available. While Illinois Partners urges that the broadest number of services be included as CNOM in the 1115 waiver application, we also ask that the state and HMA remain mindful that the 1115 waiver be constructed in such a way that recognizes that not all CNOM service dollars should be rolled over into the Medicaid program. For the foreseeable future, a portion of funds for safety-net services must remain available for people not enrolled in Medicaid in order to ensure that vulnerable Illinoisans do not fall through the cracks.

Thank you for the opportunity to comment on the interim rule. We appreciate your work to improve our state health care system and look forward to working with you in the future.

Sincerely,

Board of Directors of Illinois Partners of Human Service